

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BA</i>	70381	
O.I.P.E. CLASSIFIER		15 11500	
FORMALITY REVIEW	<i>BA</i>	71423	6-16-00
RESPONSE FORMALITY REVIEW	<i>BA</i>	71423	7-20-00

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-affected  
 I ..... Inference  
 A ..... Appeal  
 O ..... Objected

**BEST AVAILABLE COPY**

Claim	Date
Final	
Original	
1	6/5/01
2	6/5/01
3	6/5/01
4	6/5/01
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Claim	Date
Final	
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51	6/5/01
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99	6/5/01
100	6/5/01

Claim	Date
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If more than 150 claims or 10 actions  
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